

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	1/2/01
FORMALITY REVIEW	SH	827	02-12-01
RESPONSE FORMALITY REVIEW	FE HCL	JC942 212	05/23/01 07-11-01

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	I Interference
-	(Through numeral)..... Canceled	A Appeal
+ Restricted	O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7			
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10			
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	✓	✓	
18	✓	✓	
19	✓	✓	
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46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
53	✓	✓	
54	✓	✓	
55	✓	✓	
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91	✓	✓	
92	✓	✓	
93	✓	✓	
94	✓	✓	
95	✓	✓	
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
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